-999 UNIFORM BUSINESS REPORT (UBR)

Feb 22, 2000 8:00 am Secretary of State DCUMENT # **N26026** 02-22-2000 90036 050 ****70.00 ATTH ASSEMBLY CHURCH OF DELIVERANCE, INC. Hace of Business Mailing Address NW 17 COURT 761 NW 17 COURT 1803 BCH FL 33061 PO BOX 1803 POMPANO BCH FL 33061-1903 rincipal Place of Business 3. Mailing Address Sane -::t≏ Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Tiny & State City & State 65-0047550 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ······· (NEZ 720 NW SECOND AVENUE CHITAINO BEACH FL 33060 Zip Code City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (66/6)☐ Addition Change ☐ Delete TITLE NAME BELL MARK STREET ADDRESS 761 NW 17 COURT ST-ZIP CITY-ST-ZIP POMPANO BEACH FI 🔏 Change ☐ Addition ☐ Delete BOYD, CORINE STREET ADDRESS 5520 CYPRESS RD CITY-ST; ZIP_ ST ZIP PLANTATION-FL-Change ☐ Addition TITLE ☐ Delete NAME BELL, KATHERINE STREET ADDRESS 761 NW 17TH CT CITY-ST-ZIP ST 71P POMPANO BEACH FL Bacon, Earl ☐ Addition ☐ Delete TITLE VΡ NAME BACON, EARL STREET ADDRESS 150 NE 7TH STREET It. Louderdale, Ila CITY-ST-ZIP ST ZIP FORT LAUDERDALE FL Change Addition ☐ Delete TITLE NAME CARSON, SALLIE STREET ADDRESS . monrec 5611 N.W. 15TH ST. APT 1 CITY-ST-ZIP LAUDERHILL FL ☐ Addition ☐ Delete TITLE Change NAME FADDRESS STREET ADDRESS CITY~ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

MOSPATBIELPAEO PARED

2/14/2000 (954) 943-7291

FILED